

MICHIGAN PHYSICAL THERAPY ASSOCIATION

1390 Eisenhower Place, Ann Arbor, Michigan 48108
Phone: (800) 242-8131 or (734) 929-6075 (Local) — Fax: (734) 677-2407 — mpta@mpta.com — www.mpta.com

For: THURSDAY, JUNE 23, 2011

To: Michigan House Health Policy Committee Members:

G. Haines K. Kurtz M. Shirkey P. Muxlow T. Stallworth J. Womack M. Callton W. Schmidt T. Hooker K. Yonker G. Darany M. Hovey-

Wright

P. Opsommer P. Scott M. Huuki L. Liss K. Segal

Re: Support HB 4603 - Direct Consumer Access to Physical Therapy

Response to questions asked after 6/21/11 visits and at House HPC hearing on 6/16/11

The Michigan Physical Therapy Association (MPTA) continues to clarify concerns that were raised when we visited some of you on 6/21/11 plus correct some misinformation from the hearing for HB 4603 held on 6/16/11.

- Licensed physical therapists are educated to identify the nature or cause of the
 problem to be treated, and to identify problems that require referral to a physician.
 All accredited PT education programs whether doctoral, master's or bachelor's have
 included this type of instruction, as required by the Commission on Accreditation in
 Physical Therapy Education (CAPTE). For example, the CAPTE criteria for PT education
 programs in 1990 when programs were at the bachelor's level include the following:
 - "4.1.2 The program graduates are able to screen individuals to determine the need for physical therapy examination or for referral to other health professionals by:
 - 4.1.2.1 identifying potential health problems;
 - 4.1.2.2 recognizing patient problems that may require professional attention in addition to that from a physical therapist."
- Many patients with underlying medical disease will continue to access physical therapy by referral from their physician, and HB 4603 does not prevent that. The discussion in the Health Policy Committee on 6/16/11 greatly exaggerated the number of patients who would present to a physical therapist with underlying medical disease. This is not reflective of the typical patient population seen by the vast majority of physical therapists. However, if that did occur, the physical therapist is educated to evaluate the patient and refer that patient back to the physician when the patient's problem lies outside the scope of physical therapy.



- Physical therapists are able to make appropriate decisions about patient needs based on a clinical exam without the use of diagnostic testing. Physical therapists rely on their clinical examination and spend between 30 and 60 minutes with each patient. For example, an X-ray or MRI is not needed for every patient with low back pain, and many health insurance companies are starting to require a trial of conservative management prior to seeking higher-cost imaging or testing. Physical therapists are able to determine when there is a need for consultation with the physician who can then decide on the need for imaging or additional testing.
- Direct consumer access will not cause the proliferation of PT clinics or increase costs.
 For years, commercial health insurance companies screen all PTs who wish to become providers of PT services in whatever geographic area they wish to serve. Commercial insurance companies will NOT allow a new PT provider into an area where the insurance company says that the PT provider panel is full. Federal and State funded programs (Medicare, Medicaid, Worker's Compensation) have extensive regulations and criteria that must be compiled with in order to treat patients. Medicaid in Michigan only recognizes a very limited panel of PT providers.
- Direct consumer access will not mandate additional reimbursement for PT services.
 The current public health code states:
 Sec 333.17825 Third party reimbursement or mandated worker's compensation benefits. Sec. 17825. This part does not require new or additional third party reimbursement or mandated worker's compensation benefits for physical therapy services and does not preclude a third party payer from requiring a member or enrollee to fulfill benefit requirements for physical therapy services, including, but not limited to, prescription, referral, or preapproval when services are rendered by an individual licensed or otherwise authorized under this part.
- Direct consumer access does not significantly change how patients access PT care. Estimates of the frequency with which patients may access physical therapy without physician referral range from 8.8% in Massachusetts to 10.3% in North Carolina, Utah, and Nevada. This indicates that many patients may continue to see their primary care physicians before consulting a physical therapist.
 - 1. Crout KL, Tweedie JH, Miller DJ. Physical Therapists' opinions and practices regarding direct access. Phys Ther. 1998;78:52-61.
 - 2. Domholdt E, Durchholz AG. Direct access use by experienced therapists in states with direct access. Phys Ther. 1992;72(8):569-574.

MPTA reminds the Health Policy Committee that 46 states plus the District of Columbia and the US Military have direct access to PT services. Nebraska has had direct access since 1957.

- No state has ever repealed a direct access law.
- Malpractice liability insurance for PTs / actual claims experience does not change for a PT practicing in a direct access state.

- Utilization Management of PT Services has been done for decades by commercial health insurers, Medicare/Medicaid, MI Workers Compensation, etc to ensure that the right type and right amount of PT services are delivered. Utilization management is not done by the physician or the physician referral.
- HB 4603 does NOT expand the scope of practice for physical therapists.
- United Health Care is only one example where the health insurance company recognizes
 the value of early physical therapist intervention plus the importance of initial
 conservative management of patients with low back pain and covers direct access to PT
 services where allowable by law.
- HB 4603 does allow patients to choose their physical therapist directly; without the cost, inconvenience and delay of seeking a prescription from a physician first.
- HB 4603 does allow PTs to have the same access to patients that chiropractors and
 occupational therapists already have. Likewise, HB 4603 allows PTs to have access to
 patients that non-medical providers such as massage therapists and personal trainers
 currently have. HB 4603 removes an economic disadvantage that PTs face today.

HB 4603 would not result in "unlimited" direct consumer access in Michigan. The Michigan Public Health Code already mandates provisions that require a referral back to the physician for lack of progress or suspicion of an underlying medical problem. Additionally, there is no evidence that provisions that limit direct access are required for patient safety.

Attached you will find 2 letters of support from Michigan physicians who SUPPORT HB 4603 because they know that allowing patients to choose to see their physical therapist directly is safe, cost effective, and allows the patient to get better more quickly.

As we presented on 6/16/11, Michigan is a less desirable state for PTs to practice in. Experienced PTs do not want to relocate to Michigan. Newly graduated PTs leave Michigan for a less restrictive practice environment.

Less PTs in Michigan mean less job opportunities and less access to health care services for our citizens.

Please change this by SUPPORTING HB 4603 - Direct Consumer Access to Physical Therapy Services.

Sincerely,

Muhal Khemin

Michael J. Shoemaker, PT, DPT, PhD(c), GCS

Legislative Director - Michigan Physical Therapy Association

Kathleen "Jake" Jakubiak Kovacek, PT

President - Michigan Physical Therapy Association

Kathleen John John biole Kwaceh

ORION TROY OPHTHALMOLOGY ASSC.

Charles G. Colombo M.D. F.R.C.S. (C) 1701 South Blvd. E. Ste 180 Rochester Hills, Michigan 48307-6115

Diplomat-American Board of Ophthalmology Fellow-American Academy of Ophthalmology Fellow-Royal College of Surgeons of Canada

To: Michigan House Health Policy Committee Members

CC:

From: Dr. Colombo

Date: 6/20/2011

Re: HB 4603

During my many years in private practice, I have found it necessary to refer my patients to Physical Therapy for treatment and evaluation. I have always found that my patients received excellent care and when treatment was concluded they were always referred back to me with a written report. As a result of my experiences dealing with Physical Therapists, I would like to support HB 4603 which would allow direct access of patients to Physical Therapists.

Charles G. Colombo M.D., F.R:C.S. (C)



Spectrum Health Medical Group Primary Care | Pediatrics | MC9010 1545 68th Street SE, Suite 100 Grand Rapids, MI 49508 616.267.7881 fax 616.267.7641 spectrum-health.org

June 22, 2011

To: Michigan House Health Policy Committee Members:

G. Haines M. Shirkey T. Stallworth M. Callton T. Hooker G. Darany K. Segal P. Opsommer M. Huuki J. Wornack K. Kurtz P. Muxlow W. Schmidt K. Yonker M. Hovey-Wright P. Scott L. Liss

Zi Lioi

Re: SUPPORT HB 4603 - Direct Consumer Access to Physical Therapy

Dear Representatives,

This letter is written as a group of pediatric physicians working in the Grand Rapids area of Michigan. We are writing today in support of HB 4603 – Direct Consumer Access to Physical Therapy Services.

We as a group have worked with physical therapists for many years. Referrals to PT are done on a regular basis for numerous situations such as low back pain, ankle sprains, knee pain, etc. Any time we see a movement disorder from the musculoskeletal system we refer to PT. We have a number of patients that will call our office and ask for a referral to PT only because that is what the State requires. Many of these patients may not need our expertise, but that of the PT and this takes away our time from the patients that need our treatments.

As a group, we have all been very pleased with the quality of care from physical therapists, as have our patient's. Our patient's feel better, move better and return to their functional daily activities in a timely manner.

The rationale supporting this bill is as follows:

- PT is SAFE / Physical Therapists know how to examine and evaluate a patient's problem and they know and have demonstrated when to refer back to the referring physician.
- PT is COST EFFECTIVE / Patients get better and are happy with their PT outcomes.
 PT is not only effective in its treatment, but also in total cost to the health care system. Improving timely access to health care improves the overall health of the community.
- PT's work with the entire health care team which includes physicians. Our
 experience is that this relationship would improve health care as we can spend our
 time with patients that need our services and patients that need PT can seek out that
 care as they deem necessary.

Allowing patient's to choose to see their physical therapist without seeing their physician first would give us more time to see other patient's who need our help.

We have no doubt that Michigan should allow patients the choice to see their physical therapists first. We will still make many referrals to physical therapists, just as we do now.

Please support HB 4603 - Direct Consumer Access to Physical Therapy Services.

Sincerely,

Dr. Stephen McMahon

Dr. Dennis Mogle

Dr. Erika Pott

Dr. Kurt Meppelink

Dr. Janelle Stutzman